



**NO KNOWN LOSS STATEMENT
(REINSTATED EMPLOYEE)**

Client Name: _____

Client Address: _____

Address 2: _____

City: _____ St: _____ Zip: _____

Date: _____

RE: _____ (EMPLOYEE NAME) _____ (EMPLOYEE SSN)

Please reinstate this employee effective _____ (DATE EMPLOYEE RETURNED TO WORK). I certify that this employee has had no losses, claims, or accidents. I further certify that I have no knowledge of any pending or potential reason that could give rise to a claim due to this employee.

Client Name: _____

X _____ (OFFICER/OWNER SIGNATURE)

X _____ (OFFICER/OWNER PRINTED NAME)

(DATE SIGNED)